

### COVER LETTER

TO: New Filing Section Division of Corporations

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Yoga Pose, LLC
SUBJECT: \_\_\_\_

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Name of Limited Liability Company

The enclosed Articles of Organization and fcc(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cindy Rogers

Name of Person

Firm/Company

1946 Bougainvillea Street

Address

Sarasota, Florida 34239

City/State and Zip Code

sammcobb@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cindy Ro	ogers	310	344-4827	
	Name of Person	Area Code	Daytime Telephon	e Number
Enclosed is a check	for the following amount:			
\$125.00 Filing Fee	S130.00 Filing Fee & Certificate of Status		) Filing Fee & [ d Copy l copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

<u>Mailing Address</u> New Filing Section Division of Corporations P.O. Box 6327 <u>Street Address</u> New Filing Section Division of Corporations Clifton Building

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I - Name:

The name of the Limited Liability Company is:

Yoga Pose, LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

#### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Mailing Address:		
1946 Bougainvillea Street		
Sarasota, Florida 34239		

# ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Cindy Rogers		
	Name	
1946 Bougainvillea	Street	
Florida street addre	ss (P.O. Box <u>NOT</u> acc	eptable)
Sarasota	Florida	34239
City	State	Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED) COLLIN NOTAR S MY COMM NOTARY (CONTINUED) N COU annunn,

VV Jacks V. Collins 02 007. 2019

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company.

### Title:

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"AMBR" = Authorized Member "MGR" - Manager MGR

Cobb Roger Ganaitha Roger

### Same and Address:

Cindy Rogers			
1946 Bougainv	villea Street		
Sarasota, Flori	da 34239		
255	Bearded	Oalls	Dr.
Sar	050-6	34232	
1653	Bryn	Mawr	ave
Site	c_1/107	sieg(	-64 ·
<u>122 _ ,</u>	· · · · · · · · · · · · · · · · · · ·	90405	<u></u>

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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: \_\_\_. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REOUIRED SIGNATURE:	VICOL MAN
Cincle Receives	NOTARY O
Signature of a member or for authorized representative of a member	т. с.
This document is executed in accordance with section 605.0203 (1) (b). Flor	ada Shanates.) 22 Jaw QCore
I am aware that any false information submitted in a document to the Departo constitutes a third degree felony as provided for in s.817.155, F.S.	icit of State Filelic
	COUNTRY COUNTRY
Cindy Rogers, Managing Member	
Typed or printed name of signee	-
	Marby. Le
Filing Fees:	VIVIOUSV. U
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	
\$ 30.00 Certified Copy (Optional)	10 COT 24

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